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NAVAL SERVICE MEDICAL NEWS (NSMN) (96- 20)
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3. HEADLINE: HIGH-TECH USED TO TRACK PATIENT ON COMFORT
USNS COMFORT (NSMN) -- USNS Comfort exercised many new procedures and plans of attack during the mass casualty exercise the ship participated in May 1-3. One of the newest innovations is designed to help manage patient information.

The Operational Fleet Hospital Information System (OFHIS) is able to locate a patient at any time with just the touch of a button. This technology is a must during a mass casualty exercise and actual events due to immense size of the hospital ship.

With only a few strokes on the keyboard, OFHIS can give a patient's location including where the patient has been, where the patient is and where the patient is going, as well as what medications have been prescribed and whether x-rays have been taken.

OFHIS cuts down on lost paperwork and time spent trying to locate a patient within the 894-foot ship. The system was originally designed by a civilian for the Navy to help minimize complicated paper-trails.

"Before OFHIS came into play, patient administration was using grease pencils and running around the ship trying to find patients and getting information. Now it takes a few seconds and a patient's information is all there," said LTJG Jimmy Francis, MSC, USN, a major contributor of the OFHIS system.

OFHIS is a simple system based on one letter and five numbers, printed on a wristband. This sequence is a locator number that is entered into the system and begins tracking the patient. The wristband is placed on the

patient and a packet with all the hard-copy medical records is placed along-side. Whenever the patient is treated or examined it is entered into the computer.

All this information is sent through a server computer that is attached to 19 other computers throughout the ship. Every ward, operating room, and triage space has a computer that holds all the patient's information from start to finish.

"By utilizing OFHIS patient administration (aboard the COMFORT) was able to admit, report and monitor the process of casualty receiving with ease," said LT Gillian Jaeger, MSC, USN, the officer in charge of patient administration.

By JOSA Jerome A. Pollos, USN, NNMCMC Public Affairs

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HEADLINE: GETTING INTO SHAPE, THE NAVY SEAL WAY

ONBOARD USS GEORGE WASHINGTON (NSMN) -- May is National Physical Fitness Month and you say you really want to get in shape. The million dollar question is how? For many Sailors aboard USS George Washington (CVN 73), they are out in force on the treadmills, in the weight rooms, and all over the hangar bay steadfastly searching for the "perfect" workout.

"I think I've found it after much research and my own workouts," said CDR Randy Goodman, Commander of SEAL Team Eight's Task Unit.

Time to sit up and take notice sports fans. Unlike the long line of celebrities and others with less than stellar credentials seen hawking their tapes on those infamous infomercials, CDR Goodman carries credentials recognized around the world. Namely, he proudly wears the trident of the elite Navy SEALs.

Three times a week, CDR Goodman leads a growing number of fitness enthusiasts through the paces in the Hangar Bay as they wage war against the battle of the bulge.

"I've incorporated a lot of exercises that we learned in BUD/S (Basic Underwater Demolition SEAL Training)," Goodman said. Training that physically and mentally prepares future SEALs for missions anywhere in the world and usually under the most demanding conditions.

Using a hybrid of common exercises from BUDS, along with a few picked up along the way, Goodman's years of experience have resulted in an exercise program that is divided into four parts; upper body, abs, legs, and stretching.

The only requirements for participation are a workout mat to protect body parts from the hangar bay non-skid, some workout clothes, the recommended bottle of water and the willingness to just "do it."

By AN Robert F. Schmeelcke, USS George Washington
Public Affairs Office

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HEADLINE: NAVHOSP GITMO EXERCISES DISASTER PREPAREDNESS

USNH GUANTANOMO BAY (NSMN) -- The telephone rings and a duty corpsman answers, "Emergency Room Guantanamo Bay." "ER, this is base ops. We have a plane down with at least 30 people on the Lee Ward side of the island. Send a rescue team, ASAP."

Although this scenario was a part of the Disaster Preparedness Exercise, the staff at Naval Hospital Guantanamo Bay are well aware that disasters such as this occur without warning.

"We are a small isolated hospital on an isolated base," said LT Kathleen Wilson, MC, USNR, director of the exercise. "A large number of casualties requiring medical treatment over a short period of time would task our normal capabilities."

"Training drills such as this one help our personnel prepare for rapid expansion of our facilities, treat efficiently a large number of injured, and arrange with the fleet the evacuation of injured needing more extensive medical care to CONUS," Wilson added.

When the phone call came in to the ER, some 150 people assigned to the hospital were put to the test. Thirty lives were at stake, and they had to act quickly and efficiently. A rescue team was dispatched immediately, and the staff quickly went to what could easily be compared to as "general quarters."

Due to the location of the crash, the victims had to be transported to the hospital and Medevac coordination was necessary. Coordination not only within the hospital staff, but also with resources from all over the base. Eleven base commands participated in the drill: Air Operations, Base Operations, Marine Corps Barracks, Public Works Department, Port Services, Fire Department, Security, Dental, Veterinary Services, Chaplain's Office, and CINCLANTFLT.

As the scenario unfolded, ten evaluators watched with keen eyes at several vital areas such as the crash site, communication central, and the emergency room.

"The drill went well," said Wilson. "The participants were enthusiastic and the patients received good care."

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HEADLINE: HOSPITAL SHIP GETS "A+" IN COMFEX-96

USNS COMFORT (NSMN) -- USNS COMFORT (T-AH 20), one of the Navy's two hospital ships, scored high marks for readiness during participation in a recent drill designed to test its mobilization and medical capabilities.

"The crew is hot, and they are ready to go," said CAPT Kevin J. O'Connell, MC, the military treatment facility's commanding officer, at the evolution's end.

COMFEX-96 was a series of exercises designed to test the ability of the Navy's Bureau of Medicine and Surgery, the Military Sealift Command (MSC) and the Combat

Logistics Force to activate and operate the 894-foot ship as a 250-bed surgically-intense medical treatment facility.

More than 700 crew members including Sailors from the National Naval Medical Center in Bethesda, MD, Naval Medical Center, Portsmouth, VA, and other commands all over the East Coast brought the ship to life April 25 in Norfolk and prepared to accomplish the mission.

Joint operations were a focus of the exercise, so U.S. Army medics and nurses worked alongside the Sailors in wards and intensive care units aboard the ship. Many of the simulated casualties brought in during the exercise were medivac'd by U.S. Army Blackhawk helicopters. In total, the three-day drill involved more than 120 helicopter takeoffs and landings.

The crew took a ship that had not been underway for any significant operation since its last activation in 1994 and made it into a fully functioning, echelon three hospital. And, they did it in just five days, explained CAPT W. A. Nurthen, commander of Military Sealift Command Atlantic and the officer in charge of the COMFEX-96 exercise.

Among other things, the performance of the military and civilian crew of USNS COMFORT during COMFEX-96 proved that they are, beyond the shadow of a doubt, ready to complete this mission of care anywhere.

"Like Joe Dimaggio," Nurthen said, to the crew of the COMFORT, "you took a very difficult task and made it look easy."

By JO2 Roy DeCoster, USN, NNMCMC Public Affairs

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HEADLINE: CAMP LEJEUNE HOSTS CORPSMAN CUP COMPETITION

NAVHOSP CAMP LEJEUNE, NC (NSMN) -- The Marines at Camp Lejeune are looking for a "few good Corpsmen" to compete in the "Commanding General's Corpsman Cup Competition" 10-14 June. The event is being sponsored by 2d Marine Division and will be held aboard Camp Lejeune at the Battle Skills Training area.

The competition is designed to test the rating knowledge, medical and general military field skills, physical fitness, teamwork and decision making skills of Hospital Corpsmen.

The competition will be a four-day event, testing a wide range of medical and military skills. For example a conditioning hike combined with a casualty reaction course. During the hike, teams will encounter seven simulated casualties each requiring teamwork and appropriate intervention. The reward for finding their way back to the base camp is a patient with multiple trauma requiring treatment and simulated air evacuation from a hostile area.

Whew, and if that's not enough, the next day consists of constructing and camouflaging a battalion aid station,

followed by 9mm pistol qualification and weapons disassembly and assembly.

The fourth day the competitors can rest physically, but are then challenged mentally with a written exam. The competition concludes June 14 with an awards ceremony for the top two teams, and a cake cutting ceremony to celebrate the 98th Hospital Corps Birthday.

By HMCN Charles A. Hammond, 2D Marine Division

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HEADLINE: SO YOU WANT TO BE A SPECIAL OPERATIONS CORPSMAN?

BUMED WASHINGTON (NSMN) -- SITUATION: Predawn, periscope level somewhere off a hostile coast. Members of a SEAL platoon prepare for submarine lock out procedures and a 15 mile over the horizon transit to an enemy coast line. Their direct action mission is to disable a radar and SAM site in support of a joint operation air strike.

The SEAL platoon is comprised of two officers, a senior enlisted member and the other eleven members, a combination of junior enlisted with a variety of technical experiences and expertise. Of those eleven, two are hospital corpsman: a senior Independent Duty Corpsman, and a junior Special Operations Technician.

For someone interested in becoming a Special Operations Corpsman, a lot of training is required. The first hurdle is to complete one of the most physical and emotionally demanding courses, BUD/S (Basic Underwater Demolition Seal) training.

BUD/S is followed by airborne training and Special Operations Combat Medic course designed to produce in 24 weeks an individual capable of advanced trauma management, sustaining patients up to 72 hours prior to medical evacuation and providing basic care to team members for seven days in any type of environment.

Next is learning how to operate the pressure chamber, run pressure and oxygen tolerance tests and to enter the chambers for identification and treatment of diving medical disorders.

The Hospital Corpsman is then assigned to an operational SEAL or SDV (SEAL Delivery Vehicle) team for TEAM training or advanced SEAL tactics. Six months later, a review board will determine if he will be awarded the coveted Naval Special Warfare device (Trident).

If a career in Special Warfare is something you are looking at, remember you must maintain all qualifications as a SEAL operator as well as staying certified and current as a medical health care provider.

When a junior Corpsman was asked what he thought of the teams, he quoted a phrase he remembered from his team's weight room.

"At our level, when the whistle blows, it's not politics, it's not heroics or war games, it's not the big picture of world affairs. It's me or him, it's kill or be killed, it's the quick and the dead, it's the law

of the jungle."

By HMCS(SEAL) Robert Guzzo, BUMED Washington, DC

-USN-

HEADLINE: NAVY OPERATIONAL FLIGHT SURGEON OF THE YEAR

NAMED USNH ROOSEVELT ROADS, PR (NSMN) -- LT William P. Baugh, MC, USNR was recognized as the Navy Operational Flight Surgeon of the year for 1996 at the annual Aerospace Medical Association meeting earlier this month in Atlanta, GA.

Assigned to Fleet Composite Squadron EIGHT at Naval Station Roosevelt Roads, PR, Baugh was chosen from an elite group of professional Flight Surgeons from throughout Naval Aviation. His significant achievements include participating in numerous aeromedical evacuations in the Caribbean theater and his proactive involvement in the care for all personnel assigned to Naval Station Roosevelt Roads. By LCDR D. R. Davis, MSC, USN, Force Medical, COMNAVAIRLANT

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HEADLINE: NEWPORT DOC CHAIRS SESSION AT WORLD CONGRESS OF ANESTHESIOLOGISTS

NAVHOSP Newport, RI (NSMN) -- An anesthesiologist stationed at Naval Hospital Newport recently had the honor to preside over a session at the World Congress of Anesthesiologists which was held in Sydney, Australia last month.

CDR Glenn Bacon, MC, USN, was asked to Chair the Session on Anesthesiology in Military Conflict during the week long Congress sponsored by the World Federation of Societies of Anesthesiologists, where over 100 nations attended.

Addressed by speakers from Australia, United States, United Kingdom and Sri Lanka, the Session on Anesthesia in Military Conflict covered Military Anesthesiology and its role in wartime, conflict, peace time and humanitarian casualties.

"The session provided the chance to discuss the disparities that exist between different countries, allowing newly developing countries to enhance their process of training anesthesiologists.

"There was a tremendous amount to be gained from working with different nations to further the specialty and share in experiences," said Bacon.

Before closing the session, participants took a moment to recognize Professor Rod Calverly, a U. S. Army anesthesiologist, recently killed during an auto accident after returning from an overseas assignment.

By LTJG Christopher J. O'Donnell, MSC, USNR, NAVHOSP Newport

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HEADLINE: NAVAL BIODYNAMICS LAB ASSEMBLES TIME CAPSULE

NBDL NEW ORLEANS (NSMN) -- The Naval biodynamics Laboratory (NBDL) will close on Sept 30 following recommendations by the 1995 Base Realignment and Closure Committee. For nearly three decades, research on the mechanical forces encountered by military personnel has been the focus of the laboratory's efforts.

The data from this research is used to determine human tolerance levels to these forces, to develop mathematical models, and to enhance human response impact. Studies at the laboratory include use of a vertical accelerator which simulates aircrew ejections and a horizontal accelerator which simulates crashes. The ship motion simulator and a tri-axial tilt and rotation chair with a visual affects device are used to study the effects of motion on performance.

In anticipation of the closure, the NBDL staff is creating a time capsule of the laboratory's memorabilia. The staff includes military and civilian scientists, engineers and technicians and a cadre of Sailors who have volunteered to be experimental subjects in the lab's research programs.

Examples of the capsule's contents include unique items ranging from devices used during experiments, such as mouth mounts used for acceleration experiments, as well as photographs, official documents, technical reports and Mardi Gras beads. The time capsule will be preserved by the Naval Historical Center, Curator for the Navy in Washington, DC. By Ms. Doris Ryan, NMRDC Bethesda, MD Public Affairs

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HEADLINE: IT'S TICK SEASON: LYME DISEASE WARNING

NAVHOSP CHARLESTON (NSMN) -- Lyme disease is an infection resulting from a bacterial agent transmitted by the bite of a certain tick and species.

Not all ticks carry Lyme disease. In the U.S. three closely related tick species have been identified as the culprits for harboring and transmitting Lyme disease. The ticks' preferred habitats are on the fringes of woodlands.

The tick bite is usually not painful, and in most cases the tick will simply drop off in two to four days after drawing blood for nourishment. But, it is during this feeding process that the bacterial agent is transmitted.

If you notice a tick, remove it promptly. In order to transmit the disease, the tick needs to be attached for at least several hours. Use a pair of small fine point tweezers, do not squeeze the tick's body. Grasp it where the mouth part enter your skin and tug it gently, but firmly until it releases. After removal, wash to wound and apply antiseptic.

A typical early symptom of Lyme disease is a red rash. Although the majority of infected people develop a rash, many overlook this symptom. Other common symptoms include fatigue, headache, neck stiffness, jaw discomfort,

slight fever, pain or stiffness. If untreated, the disease can affect the heart, nervous system or joints. Treatment consists of oral antibiotics that can be effective even in the later stages of the disease.

The best way to prevent Lyme disease is to be aware of tick habitats. If you are entering a wooded area, wear long pants with the cuffs tucked into your socks, wear repellent on your skin and clothing and remember to check for ticks when you undress. Also, check children and pets.

By HM2 James Grubb, USN, NAVHOSP Charleston

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